

**ISLAND COUNTY
PUBLIC BENEFIT RATING SYSTEM
ANNUAL AFFIDAVIT**



**SUBMIT BY
DECEMBER 31ST
OF EACH YEAR**

File Number: _____

OWNER INFORMATION

Contact Person:		Phone Number:	
Mailing Address:		Email:	

PARCEL DATA

Tax Parcel Number(s)	Total Acres in Parcel	Acres in PBRS

As owner(s) of the land described in this affidavit, I (we) hereby indicate by my (our) signature(s) that:

I (we) declare under the penalties of perjury under the laws of the State of Washington, that the above-listed property is being used consistent with the requirements of the open space classification, RCW 84.34, and the Island County Public Benefit Rating System, ICC 3.40 and the signed agreement between me (us) and the County.

I (we) am (are) aware of the potential tax liability involved when the land ceases to be classified under the provisions of RCW 84.34 (all owners of the property must sign).

Print Name

Signature

Print Name

Signature

Print Name

Signature

Subscribed and affirmed to before me this _____ day of _____ in the year _____

Notary Name

Notary Signature

Appointment Expiration

Residing at (County & State)

Stamp Here

Mail completed form to: Island County Planning & Community Development, PO BOX 5000, Coupeville, WA 98239